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# FAX NO. 7032058050 P. **Rec'd PCT/PTO 0 7 FE**,B **2006**

10/539587

Attorney Docket No. 1807-0189PUS1

#### BIRCH, STEWART, KOLASCH & BIRCH, LLP

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#### COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named

	claimed and for which a p				a below) of the st	ibject maner i	ALTICAL I
Insert Title:	ARRANGEMENT AND	METHOD FOR P	RODUCING A TI	REE-DIMENS	IONAL PRODUC	e <b>r</b>	
	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorn docket number as set forth above and/or the following:					ittome	
Fill in Appropriate Information -	The specification was filed	on	as Unite	d States Applic	ation Number		
	and amended on		(if applicable) and	•			
For Use Without Specification	the specification was filed o	n <u>12/12/20</u>	03as PCT Inte	mational Appli	cation Number P	CT/SE2003/0	01937
Insert Priority Information (if appropriate)	and was amended on I hereby state that I he claims, as amended by any a I acknowledge the du Federal Regulations, \$1.56. I do not know and do our invention thereof, or py thereof or more than one y of America more than one y an inventor's certificate issu on an application filed by a prior to this application, and country foreign to the Unite except as follows. I hereby claim foreign for patent or inventor's cer inventor's certificate having Prior Foreign Application 0203765-3 (Number)	we reviewed and memoral referrity to disclose information or describeration of the safety of the saf	(if applicate understand the content to above. ormation which is ame was ever knowed in any printed oplication, that the application, that the cof this application presentative or assion for patent or in rica prior to this application that all under Title 35. United and have also	ntents of the about material to pate with or used in the publication in same was not in einvention has in any countryigns more than ventor's certification by metal States Code identified beloation on which in Dec	ove-identified specentability as define the United States of any country before public use or on since been patented a foreign to the United the United State on this invention or my legal representation.	ification, included in Title 37.  America before my or our in the Unite or made the solited States of its months for n has been failed sentatives or foreign applied plication for p	ding the Code of my divention of State ubject of America designs d in an assigns cation (satent of the Code of the
	(Number)	(Country)		(Month/	Day/Year Filed)	Yes	24
	(Number)	(Country)		(Month/	Day/Year Filed)	Yes	<u>N°</u>
Insert Provisional	(Number)	(Country)		(Month/	Day/Year Filed)	Yes	No
	I hereby claim the benefit ulisted below.	ınder Title 35, Uı	nited States Code,	§119(e) of any	United States prov	risional applica	itions(s
Application(s): (if any)	(Application Number)		(F	iling Date)			
	(Application Number)			iling Date)			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
Insert Requested Information (if appropriate)				uniber	Date of Filing	(Month/Day/	Year)
Insert Prior U.S.	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Application(s): (if any)	(Application Number)		(Filing Date)		(Status - patented, pending, abandoned)		
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(Kev. 05/2004) Birch, Stewart, Kol	acch & Rimh I I P	rage	: 1 of 2			MK	M/rw
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_Attorney	Docket No.	1807-0189P	US
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I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

full Name of Pirst or Sole Inventure loant Name of	GIVEN NAME/FAMILY NAME Morgan LARSSON	INVENTOR'S SIGNATURE	DATE"				
Inventor -	Worgan CAGSON	Mason Fusson	0508/2				
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	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
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	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address	ING ADDRESS (Complete Street Address including City, State & Country)					
Full Name of Fourth Invintor, if any:	GÏVÊN NAME/FAMILY NAMB	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Pall Name of Fifth Inventor, if any- oce above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*				
	Residence (City, State & Country)		CITIZENSHIP				
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Sixth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE-				
	Residence (City, State & Country)	CITIZENSHIP					
	AILING ADDRESS (Complete Street Address including City, State & Country)						

\*DATE OF SIGNATURE

(Kev. 05/2004)

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